

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39443**

FILED DEC 3- 1957

BIRTH NO. _____		REG. DIST. NO. <u>46</u>		PRIMARY REG. DIST. NO. <u>4065</u>		Registrar's No. <u>52</u>	
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Caldwell</u>			
b. CITY OR TOWN <u>Palo</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Palo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0129</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u>		b. (Middle) <u>Jan</u>		c. (Last) <u>Swogard</u>		4. DATE OF DEATH (Month) <u>11</u> (Day) <u>23</u> (Year) <u>1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>2-7-1882</u>	
9. AGE (in years last birthday) <u>75</u>		10. UNDER 1 YEAR <u>9</u> MONTHS <u>14</u> DAYS _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Caldwell Co. mo</u>		12. CITIZEN OF WHAT COUNTRY? _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Caldwell Co. mo</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>John Dixon</u>		13b. MOTHER'S M maiden NAME <u>Carolyn Dixon</u>		14. NAME OF HUSBAND OR WIFE <u>Thos H. Swogard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>4201</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Swogard</u>		ADDRESS <u>Cowley mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Palo, Caldwell mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>June</u> , 195 <u>3</u> , to <u>11-23-57</u> , 195 <u>7</u> , that I last saw the deceased alive on <u>11-23-</u> , 195 <u>7</u> , and that death occurred at <u>10:15 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank R. Daley M.D.</u>		(Degree or title) _____		23b. ADDRESS <u>Hamilton, Mo.</u>		23c. DATE SIGNED <u>4-25-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-25-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty mo</u>	
DATE REC'D BY LOCAL REG. <u>11-28-57</u>		REGISTRAR'S SIGNATURE <u>Gladys Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alsbaugh & Cowley</u>		ADDRESS <u>Palo Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

37.0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Buried P. Mowbray

Licensed Embalmer No.

4924

P. O. Address

Polo, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.